DEPARTMENT OF
PUBLIC HEALTH AND HUMAN SERVICES
Quality Assurance Division – Licensure Bureau - Child Care Licensing
BRIAN SCHWEITZER
GOVERNOR
JOAN MILES
DIRECTOR
STATE OF MONTANA

EXTENDED REGISTRATION / LICENSING ATTESTATION DOCUMENT

I, _____, as director of _____,
(director name) (facility name)

located at _____.
(facility address – street, city , state, zip)

do hereby attest that I am in compliance and as required by child care licensing policy with the following items:

- Effective Public Liability
  - Effective Begin Date _____ to Expiration Date _____ and Covers _____ Children
- Effective Fire Insurance
  - Effective Begin Date _____ to Expiration Date _____.
- All approved caregivers are currently certified in Infant, Child, and Adult CPR and First Aid;
- Have obtained as appropriate, approved fire and health inspection reports (as determined by those jurisdictions);
- All caregivers who are employed for 160 hours or more have attained 8 hours of approved training. Training may be verified on the Internet as applicable. See http://www2.montana.edu/ecpphp/personnel/ for details.

I have submitted the following information, with this document:

- Current and complete Staff List (DPHHS-QAD/CCL-040A)
- Verification of staff training, which may not be included within the Early Childhood Project Training database (such as college transcripts).

If I am to relocate my facility, I will submit the following items **prior** to relocation and the effective beginning date of operation:

- Change of Address Form
- Verification of insurance for new address
- Attestation concerning compliance with the rules
- New square footage/ floor plan

I also understand that if I fail to maintain full compliance with the rules and regulations, the department can:

- Issue a notice of deficient practice through the deficiency notice (and maintain the 2 or 3 year certificate);
- Take other corrective actions (such as instituting a training program, directed plan of correction); or
- Reduce the registration/license back to a one year certificate.

Day Care Provider Signature _____ **Date:** _____
TO BE COMPLETED BY A NOTARY PUBLIC:

Taken, Sworn, and subscribed before me, this _____ day of _____ A.D. _____

_____
(Notary Public for the State of Montana)

Residing at _____

My Commission Expires _____

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DAY CARE FACILITY - STAFF LIST

Director Name: _____ **Date:** _____
Facility Name: _____
Mailing Address: _____ **PV#:** _____
City State ZIP: _____

Please Note: All caregivers and individuals living in home over 18 years of age must be listed. If someone is not listed below, they will be taken off of the approved caregiver list. Please copy and attach additional sheets if you have more than 10 staff.

Full Name	Date of Birth	SS# / PS#	CPR Exp Date	Position
Employee Mailing Address	City /ZIP code		First Aid Exp Date	Hire Date
1				Director
2				
3				
4				
5				
6				
7				
8				
9				
10				